PTO/SB/81 (01-09) Approved for use through 11/30/2011. OMB 0651-0035

U.S. Pelent and Trademork Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons ere required to respond to a collection of informetion unless it displays a veild OMB control number.

	POWER OF ATTORNEY	Application Number	08/244,863
REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Filing Date	Issued: 12/10/1996
		First Named Inventor	Gary J. Bridger
		Title	AROMATIC-LINKED POLYAMINE
		Art Unit	1202
		Examiner Name	DATLOW, PHILIP I
		Attorney Docket Number	20006.00
l here	eby revoke all previous powers of attorney given	in the above-identified a	pplication.
X	A Power of Attorney is submitted herewith.		
	I hereby appoint Practitioner(s) associated with the following Number as my/our attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United S and Trademark Office connected therewith;	application	96463
	I hereby appoint Practitioner(s) associated with the following Number as my/our attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United Stand Trademark Office connected the	application States Patent  orney(s) or agent(s) to prosecu	ite the application identified above, and
	I hereby appoint Practitioner(s) associated with the following Number as my/our attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United S and Trademark Office connected therewith:	application States Patent  priney(s) or agent(s) to prosect demark Office connected there	ite the application identified above, and
	I hereby appoint Practitioner(s) associated with the following Number as mylour attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United and Trademark Office connected the	application States Patent  priney(s) or agent(s) to prosect demark Office connected there	ite the application identified above, and with:
	I hereby appoint Practitioner(s) associated with the following Number as mylour attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United and Trademark Office connected the	application States Patent  priney(s) or agent(s) to prosect demark Office connected there	ite the application identified above, and with:
	I hereby appoint Practitioner(s) associated with the following Number as mylour attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United and Trademark Office connected the	application States Patent  priney(s) or agent(s) to prosect demark Office connected there	ite the application identified above, and with:

In address associated with the above-mentioned customer Number:

OR

In address associated with Customer Number:

OR

Individual Name

Address

State

Email

Zip

City Country Telephone I am the:

Applicant/Inventor.

OR
Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_

SIGNATURE of Applicant or Assignee of Record

 Signature
 /B, Timothy Creagan/
 Date
 June 13, 2011

 Name
 B, Timothy Creagan
 Telephone
 781-464-3964

 Title and Company
 Telephone
 781-464-3964

NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then one signature is required, see below\*.

\*Total of \_\_\_\_\_\_ forms are submitted.

This collection of Information is required by 37 CPR 1.31, 1.32 and 1.33. The Information is required to obtain or relain a benefit by the public which is to file (and by the USPT) to processing engilection. Confidentiality is governed by \$4 U.S.C. 12 and \$7 CPR.1.11 and 1.1.4. This collocation is estimated to lete's a minutes to complete, including pathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androis orgagetions for reuduing his burder, should be sent to the Other Information, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 2231-3-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 2231-3-1450.